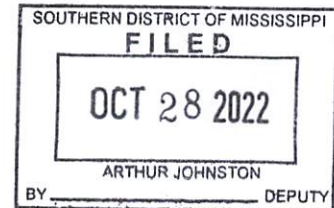


ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 1

UNITED STATES DISTRICT COURT
 SOUTHERN ~~NORTHERN~~ DISTRICT OF MISSISSIPPI

Donald W Barber
 Plaintiff



v.

CASE NO.

MISSISSIPPI DEPT OF CORRECTIONS, and S.M.C.I., and
GREENWOOD RESTITUTION CENTER, and CENTRAL MS. CORR. FACILITY, AND
NURSE PRACTICER BREWER, and SOUTHERN MISSISSIPPI CORR. FACILITY, AND
SUPERINTENDENT BRAND HUFFMAN, AND 15 JOHN DOE CORRECTIONAL OFFICERS, and
15 (JANE DOE) CORRECTIONAL OFFICERS, and (5) JOHN DOE DOCTORS, and (5) JANE DOE
DOCTORS, and (5) JOHNNY JANE DOE TRANSPORT OFFICERS FOR MS. DEPT. OF CORRECTIONS, and
State of MISSISSIPPI, and SUPERINTENDENT OF GREENWOOD RESTITUTION CENTER, AND
AMERICA'S CATCH

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name: Donald Wayne Barber
 B. Name under which sentenced: Donald W Barber
 C. Inmate identification number: 16389
 D. Plaintiff's mailing address (street or post office box number, city, state, ZIP): Unit 11 SMC I
B-Zone Bed 102
 E. Place of confinement: P.O. Box 1419
Leakesville MS 39451

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name: MISSISSIPPI DEPT. OF CORRECTIONS
 Title (Superintendent, Sheriff, etc.): 301 N. LAMAR Street
 Defendant's mailing address (street or post office box number, city, state, ZIP): JACKSON, ms. 39201

①

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 2

②

Name: GREENWOOD RESTITUTION CENTER
 Title (Superintendent, Sheriff, etc.): UNKNOWN
 Defendant's mailing address (street or post office box number, city, state, ZIP): UNKNOWN

③

Name: SOUTHERN MISSISSIPPI CORR. INSTITUTION
S.M.C.I.
 Title (Superintendent, Sheriff, etc.): BRAND HUFFMAN
 Defendant's mailing address (street or post office box number, city, state, ZIP): PO BOX 1419
LEAKEVILLE, MS. 39451

④

Name: CENTRAL MISSISSIPPI CORR. FACILITY
 Title (Superintendent, Sheriff, etc.): UNKNOWN
 Defendant's mailing address (street or post office box number, city, state, ZIP): 3794 HWY. 468
PEARL, MS.

(If additional Defendants are named, provide on separate sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2). (See Attached Pg. # 2) (Question # 2)

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ☐ Yes ☒ No

4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s): _____
 Defendant(s): _____

B. Court: _____ C. Docket No.: _____
 D. Judge's Name: _____ E. Date suit filed: _____
 F. Date decided: _____ G. Result (affirmed, reversed, etc.): _____

5. Is there a prisoner grievance procedure or system in the place of your confinement? ☒ Yes ☐ No
6. If "Yes," did you present to the grievance system the same facts and issues you allege in this complaint? (See question 9, below). ☒ Yes ☐ No
7. If you checked "Yes" in Question 6, answer the following questions:

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 3

A. Does the grievance system place a limit on the time within which a grievance must be presented? ☒ Yes ☐ No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed? ☒ Yes ☐ No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

ON/OR ABOUT 05/15/22
I filed AN ADMINISTRATIVE REMEDY PROGRAM (ARP) IN RANKIN COUNTY, C.M.C.F. WHERE I WAS SENT TO AFTER LEAVING GREENVILLE HOSPITAL. I grieved my level of medical care DENIED to me, THE REFUSAL TO treat my medical condition EMERGENCY HEART (OPEN HEART SURGERY) NEEDED immediately. THE DENIAL OF MDOC TO pay my HOSPITAL BILLS. THE ABUSE BY BOTH CAPTAINS at Greenwood Reinstitution Center, DENIAL to take me to HOSPITAL while having HEART Attack, calling me A LIAR, Threatening to MACE me, VERBAL ABUSE AND CONTINUED HARRASSMENT by TRANSPORT OFFICERS, REFUSAL to schedule CARDIOLOGIST at C.M.C.F. (RANKIN COUNTY). REFUSAL to schedule OPEN heart SURGERY IF NOT Being Released AS my HEART IS DANGER WITHOUT IT.

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

I Received NO RESPONSE AT ALL, AND THEN I WAS MOVED TO S.M.C.I. (SOUTHERN MISSISSIPPI CORRECTION INSTITUTE) AND STILL HAVE NOT Received ANY Reply AT ALL. I Did Send letter to ARP By HAND-MAIL, BUT Received NO RESPONSE BACK ON this grievance, from C.M.C.F.

NOTE: I filed another Grievance while AT S.M.C.I. (ARP) ON/OR ABOUT August 01, 2022. SAME AS ONE filed AT C.M.C.F. AND STILL I HAVE Received NO RESPONSE TO DATE. Which is NOW OCTOBER 6th, 2022.
I am PURPOSEFULLY Being IGNORED I BELIEVE.

NOTE: I filed another grievance at S.M.C.I. ON/OR ABOUT SEPTEMBER 01, 2022 AGAINST MISSISSIPPI DEPT. OF CORRECTIONS AND Doctor Brewer FOR REFUSAL to let me see CARDIOLOGIST or medical Followup FOR emergency OPEN HEART surgery. TO DATE OCTOBER 6th, 2022 STILL NO RESPONSE BACK.

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

9. Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

Please see Attached Pages (1-6), which is detailed
FOR ANSWER TO THIS QUESTION. MARKED AS (QUESTION #9)
ATTACHED PAGES (1-6)

PLEASE ALSO NOTE HEREIN, I HAVE WRITTEN TO:
MDOC, COMMISSIONER BUDL CAIN ON/OR ABOUT
SEPTEMBER 01, 2022. AS OF DATE OCTOBER 6, 2022
I HAVE STILL NOT HEARD "ANYTHING" AT ALL BACK FROM
HIM PERSONALLY OR HIS OFFICE CONCERNING THE ENTIRE
CONTENTS OF THE ATTACHED PAGES (1-6), AND MY
BEING CONTINUOUSLY DENIED ANY MEDICAL CARE FOR
MY HEART CONDITION BY MDOC. AND ABOUT IT.
BREWER TELLING ME REPEATEDLY I'M GOING TO DIE IF I
DONOT GET THIS SURGERY IMMEDIATELY.

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 5

10. State briefly exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

I seek Declaratory AND Injunctive Relief, for emergency open heart surgery, AND FOR THIS HONORABLE COURT TO ORDER MDOC TO PAY ALL medical costs, for open heart surgery. And schedule AN IMMEDIATE CARDIOLOGIST APPOINTMENT WITHIN TEN DAYS OF COURT ORDER. I seek COMPENSATORY DAMAGES IN INDIVIDUAL CAPACITY AND OFFICIAL CAPACITY FOR ALL DEFENDANTS AS IT SO APPLIES. I seek COMPENSATORY DAMAGES AND THIS SHOULD BE THE PAYMENT OF (ALL) PRIOR medical, HOSPITALS, DOCTORS, NURSES, LABS, XRAY, HELICOPTER SERVICES. I seek COMPENSATORY DAMAGES ABOVE & BEYOND PAST medical BILLS TO INCLUDE AWARD OF ALL FUTURE medical BILLS, SPECIALISTS, medical care until my death. I seek COMPENSATORY DAMAGES TOTAL OF \$1.5 million DOLLARS FOR NEGLIGENCE OF my health and ABUSE to my PERSONAL BY MDOC, its employees, DOCTORS, COUNSELORS ETC. I ALSO seek court ordered investigation of all employees WHO REFUSED my medical care & treatment, with DISCIPLINARY ACTION of all such employees. I seek PUNITIVE DAMAGES OF ADDITIONAL \$1.5 million DOLLARS FOR DELIBERATE INDIFFERENCE to my health AND WELL BEING BY MDOC, DOCTORS, MDOC employees. Punitive to be DECIDED AND AWARDED BY A JURY. S.M.C.I.

This Complaint was executed at (location):

PO BOX 1419; LEAKSVILLE, MS. 39451

and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

Date: OCTOBER 06, 2022


Plaintiff's Signature

NO MISS. FORM PJ, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 7

~~Southern~~ UNITED STATES DISTRICT COURT
~~NORTHERN~~ DISTRICT OF MISSISSIPPI
Southern Division

AFFIDAVIT IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS

1. I swear or affirm under penalty of perjury as follows:

A. Because of my poverty, I cannot prepay or give security for the filing fees and costs for my complaint or appeal.

B. I believe I am entitled to legal redress.

C. I swear or affirm under penalty of perjury that my answers and responses on this Motion and Affidavit are true and correct. (28 USC § 1746; 18 USC § 1621).


 Movant's Signature

2. My full name and mailing address are as follows:

Name: Donald W Barber #16389
 Address: Unit 11 B-Zone Bed 102
PO Box 1419 Leaksville MS 39451
 Tel. No. N/A Date of Birth: 1-6-1964

3. Are you presently employed? ☐ Yes ☒ No

a. If you checked "Yes," state the amount of your salary, wages, or other compensation per month and give the name and address of your employer. _____

b. If you checked "No," state the date of your last employment and the amount of the salary, wages, or other compensation you received per month. 5/29/22
\$11.25 hour

4. Have you received with the past 12 months any money from any of the following sources:

a. Business, profession, or form of self-employment? ☐ Yes ☒ No

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

PAGE 8

- b. Rent payments, interest, or dividends? ☐ Yes ☒ No
- c. Pensions, annuities, or life insurance payments? ☐ Yes ☒ No
- d. Gifts or inheritances? ☐ Yes ☒ No
- e. Any other source? ☐ Yes ☒ No

If the answer to any of the above is "Yes," describe each source of money and state the amount you received from each during the past 12 months:

5. Do you own any cash, or do you have any money in a checking or a savings account, including any funds in prison accounts? ☒ Yes ☐ No

If your answer "Yes," state the total value of the items owned: \$ 0.40

6. Do you own real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ No

If your answer "Yes," describe the property and state its approximate value: \$ _____

7. List the persons who rely on you for support.

| Name | Relationship & Age | Amount you contribute to this person's support |
|-------|--------------------|--|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

I declare or certify or verify or state under penalty of perjury that the foregoing is true and correct. (28 USC § 1746; 18 USC § 1621).

Date: OCTOBER 06, 2022


Movant's Signature

Page # 2 (Question #2)

Attached Page

Defendant's Continued:

- ⑤ NURSE PRACTITIONER BREWER; S.M.C.I.; PO. BOX 1419;
LEAKESVILLE, MS. 39451
- ⑥ (15) JOHN DOE CORRECTION OFFICERS, GREENWOOD RESTITUTION CENTER
(TO BE NAMED UPON DISCOVERY) ADDRESS UNKNOWN.
- ⑦ (15) JANE DOE CORRECTION OFFICERS, GREENWOOD RESTITUTION CENTER
(TO BE NAMED UPON DISCOVERY) ADDRESS UNKNOWN
- ⑧ (5) JOHN DOE DOCTORS, GREENWOOD & GREENVILLE HOSPITALS
(TO BE NAMED UPON DISCOVERY) ADDRESS UNKNOWN
- ⑨ (5) JANE DOE DOCTORS, GREENWOOD & GREENVILLE HOSPITALS
(TO BE NAMED UPON DISCOVERY) ADDRESS UNKNOWN
- ⑩ STATE OF MISSISSIPPI, ADDRESS UNKNOWN
- ⑪ SUPERINTENDENT OF GREENWOOD
RESTITUTION CENTER, ADDRESS UNKNOWN.
(NAME OF PERSON UNKNOWN)
- ⑫ SUPERINTENDENT BRAND HUFFMAN, S.M.C.I., PO. BOX 1419; LEAKESVILLE, MS. 39451
OF S.M.C.I.
- ⑬ (5) JOHN & JANE DOE TRANSPORT, ADDRESS UNKNOWN,
CORRECTION OFFICERS
(TO BE NAMED UPON DISCOVERY)
- ⑭ BURL CAIN, COMMISSIONER OF
MISSISSIPPI DEPT. OF CORRECTIONS 301 N. LAMAR STREET
JACKSON, MS. 39201

Question # 9 (Attached Pages 1-6)

ON (APRIL 29, 2022) WHILE I WAS AT WORK AT (AMERICA'S CATCH) AT APPROXIMATELY 4:30 PM, I TALKED TO THE SHIFT SUPERVISOR and explained to him that I WAS EXPERIENCING SEVERE CHEST PAINS.

AT THAT MOMENT IN TIME I THOUGHT IT WAS BAD HEARTBURN. HE TOLD ME TO TAKE A BREAK, GET SOME "TUMS" and TRY TO FINISH THE DAY.

ABOUT ONE HOUR LATER, IT WAS BECOMING EXTREMELY DIFFICULT TO CONTINUE WORKING and I JUST COULD NOT TAKE IT (WORKING) and AGAIN WENT TO THE SHIFT SUPERVISOR, ASKING HIM: (CAN YOU MAKE IT WITHOUT ME)? HE REPLIED: (I REALLY NEED YOU, CAN YOU JUST TRY HARDER TO MAKE IT ANOTHER HOUR).

SO, I STAYED AT WORK TO FINISH MY SHIFT.

WHEN MY RIDE SHOWED UP FROM (GREENWOOD RESTITUTION CENTER), I EXPLAINED TO THE GUARD/OFFICER ABOUT THE SEVERE CHEST PAINS and that I BELIEVED I WAS HAVING A (HEART ATTACK), AS BECOMING MORE DIFFICULT TO BREATHE and LIGHT HEADED.

THE GUARD/OFFICER TOLD ME WHEN WE REACHED THE RESTITUTION CENTER HE WOULD GET THE CAPTAIN, WHICH HE DID THIS.

THE CAPTAIN THEN TOLD ME I WAS LYING. STARTED TO YELL AT ME AND BELITTLE ME. FURTHER SAID IF I WAS REALLY HAVING A HEART ATTACK, I WOULD NOT OF STAYED AND CONTINUED WORKING.

① GREENWOOD Restitution Center, is A Locked Down Facility and Staffed By and WITH MDCC GUARDS.

Question #9 (ATTACHED PAGES (1-6))

I ASKED THE CAPTAIN FOR MEDICAL CARE OR TO GO TO THE HOSPITAL PLEASE. HE TOLD ME (JOHN DOE #1, CAPTAIN) THAT IF I CONTINUED TO LIE HE WOULD WRITE ME A (RUR).

JOHN DOE CAPTAIN THEN GAVE ME A DIRECT ORDER TO RETURN TO MY HOUSING UNIT, TELLING ME NO ONE WAS TAKING ME TO ANY HOSPITAL OR WOULD I BE ALLOWED ANY MEDICAL CARE.

APPROXIMATELY THREE-FOUR HOURS PASSED BY AND I HAD CONTINUOUSLY BEEN COMPLAINING ABOUT MY CHEST PAIN AND DIFFICULTY BREATHING. A DIFFERENT GUARD CONTACTED ANOTHER (DIFFERENT CAPTAIN, JANE DOE #1).

SHE SCREAMED AT ME, AND GAVE ME THE THIRD DEGREE. AND AGAIN SAYING I WAS LYING, AND ONLY ATTEMPTING TO GET ATTENTION. I WAS HOLDING ONTO MY CHEST AND BY NOW I WAS IN EXCRUCIATING PAIN AND FELT LIKE AN ELEPHANT WAS PRESSING DOWN ON MY CHEST.

(JANE ~~DOE~~ DOE #1, CAPTAIN) CONTINUED TO YELL AT ME AND I THEN TOLD HER: (WELL IF YA'LL ARE NOT GOING TO BRING ME TO THE HOSPITAL TO GET AWAY FROM ME) AND ALSO TOLD HER, JUST SO YOU KNOW I CALLED MY FAMILY AND TOLD THEM I THOUGHT I WAS HAVING A HEART ATTACK AND THAT YA'LL ARE REFUSING ME ANY MEDICAL CARE OR TO GO TO THE HOSPITAL.

-
- ② RUR IS A WRITTEN DISCIPLINARY MDCC IN HOUSE CHARGE, AND INMATE CAN BE PUNISHED WITH LOSS OF GOOD TIME, OR LOSS OF EARNED TIME, AND LOSS OF PRIVILEGES, INCLUDING REMOVAL FROM A RESTITUTION CENTER.

Question #9 (ATTACHED PAGES (1-6))

AFTER I TOLD THE CAPTAIN TO GET AWAY FROM ME, ANOTHER GUARD/OFFICER, (JOHN DOE #2) THREATENED TO MACE ME AND HELD THE MACE CAN IN MY FACE, SAYING I WAS RUDE AND DISRESPECTFUL TO THE CAPTAIN.

I RESPONDED: (Really you're going to mace me because I'm HAVING A HEART ATTACK and ASKING to be taken to the HOSPITAL, and to HOSPITAL because I'm in TERRIBLE PAIN and trouble Breathing).

I WAS AGAIN ORDERED TO RETURN TO MY HOUSING UNIT and TOLD TO SHUT MY MOUTH and QUIT COMPLAINING BY THE CAPTAIN, (JANE DOE #1).

ABOUT (2), TWO MORE HOURS PASSED and I WAS THEN CALLED OUT FROM MY HOUSING UNIT, and TOLD I WAS BEING TAKEN TO (GREENWOOD HOSPITAL).

ON THE WAY TO THE HOSPITAL, THE GUARD/OFFICER, (JOHN DOE #3) TOLD ME [IF], I WAS NOT HAVING A medical emergency or HEART ATTACK, THEY WERE GIVING ME A (RUR). THIS GUARD CONTINUED TO HARRASS ME, AND PUT ME DOWN VERBALLY ALL THE WAY TO HOSPITAL.

AFTER BEING CHECKED INTO THE HOSPITAL, AND MEDICAL EXAMINATION DONE, THE HOSPITAL STAFF, AND DOCTOR INFORMED THE GUARD/OFFICER AND MYSELF THAT I WAS CURRENTLY HAVING A HEART ATTACK and THAT I WAS BEING EMERGENCY AIR LIFTED BY HELICOPTER TO (GREENVIEW HOSPITAL) FOR EMERGENCY OPEN HEART SURGERY.

(3) (Pg. 3 of 6)

ATTACHED PAGES (1-6) - QUESTION #9

The Hospital FOR GREENWOOD, Sent The Billing Lady into see me while waiting to be admitted to get the INFORMATION FROM my self and The ⁽³⁾ (M.D.O.C.) (Guard/Officer, JOHN Doe #3), so that they could Bill (M.D.O.C.) This (Guard/Officer, JOHN Doe #3) told The Billing Lady, that (M.D.O.C.) would [NOT] Be Paying FOR. Also told her that I WAS NOT A (M.D.O.C. INMATE).

This same guard told her that I would Be Billed By M.D.O.C. For The officer(s) Pay, food and a Bed For any and all M.D.O.C. OFFICERS — Because they had to stay with me At all times, 24 Hours Per Day.

The (Officer, JOHN Doe #3), Also told The Billing Lady that M.D.O.C. would NOT Pay For The med-VAC Helicopter. Nevertheless I WAS transported to Greenville Hospital, By emergency med-VAC Helicopter.

Greenville Hospital Billing Also came to see me ABOUT Billing AND Again this (JOHN Doe #3) told them M.D.O.C. WAS NOT Paying For The surgery etc. and that He and The other OFFICERS WHO would Be there 24 Hours Per Day Required AN Additional Bed and Private Room Because they had to Be with me 24 Hours Per Day. He Also told Hospital staff I WAS [NOT] a MDOC INMATE.

③ (M.D.O.C.) is MISSISSIPPI DEPARTMENT OF CORRECTIONS.

④ There are Numerous JOHN & JANE Doe, M.D.O.C. Officers Involved and will Be Named UPON Discovery.

④ (Pg. 4 of 6)

ATTACHED PAGES (1-6) - Question #9

The (Guard / officer JOHN Doe #3), Then told the Hospital staff that I WAS going to Be Released to Go Home From the Hospital.

The Hospital cardiologist (Doctor) Then Decided to Put off the surgery And They attempted to medically stabilize me, Due to Billing issues, And my Pending Release.

The Doctor informed me (IF) They could get me stabilized They could Release me, But Just as soon as I was Released I ["must" immediately] go to a Hospital for surgery. That (IF) I Did not go, There was every Likely Hood That I would Die.

I WAS IN the Greenville Hospital For (9), nine days total. I was not Provided Any surgery Due to (JOHN Doe #3, guard/officer) Claiming / telling them They would [not] Be Paid, By M.D.O.C. And That I would Be Released.

I WAS Not Released and Immediately Removed From the Greenwood Restitution Center and Transferred to (C.M.C.F.), central MISSISSIPPI CORRECTIONAL FACILITY.

Then I WAS eventually Transferred to (S.M.C.I.), South MISSISSIPPI CORRECTIONAL INSTITUTION.

Every Facility (C.M.C.F. AND S.M.C.I.) Doctors And STAFF tell me, I must take my medicine, And I need this surgery. IF I'm not Released soon I might not make it.

(5) (Pg. 5 of 6)

ATTACHED PAGES (1-6) - QUESTION #9

At S.M.C.I., Doctor (Nurse Practitioner) Name ~~Dr~~ (Brewer), tells me this everytime I see her at the clinic - That I need this surgery and without, I'm going to Die.

I have asked her to schedule this surgery (Dr. Brewer) and she told me she does not have the Authority to do that.

I last saw Dr. Brewer on/or about September 27, 2022 and she told me she has put me into see a cardiologist.

~~Dr~~ Dr. Brewer says could take at least (6) six months.

I do not or may not have six months to live without this surgery being done immediately.

MDOC. Did NOT pay for any of my medical bills at Greenwood Hospital, or Greenville Hospital. Nor did they pay for the emergency room(s) bills, or helicopter emergency medivac, laboratory, x-rays, no medical related bills, to my HEART ATTACK.

Dated: October 06, 2022 Signed: Donald Barber
DONALD BARBER

SWORN TO BEFORE ME THIS
11 day of October 2022
Cheryl Holder

C/O S.M.C.I. #
PO. Box 1419
LEAKESVILLE, MS. 39451

NOTARY PUBLIC



(6) (Pg. 6 of 6)